



RISK ADMINISTRATION SERVICES, INC.

RETURN TO WORK REPORT

TO BE COMPLETED BY ATTENDING PHYSICIAN AND RETURNED TO EMPLOYER IMMEDIATELY FOLLOWING EACH APPOINTMENT.

Patient Information:		
Last Name:		First Name: MI:
Date of Injury:	Date of Treatment:	Brief Explanation of Diagnosis/Condition:
Limitations:		
Based on the above description of the patient's current medical problem, I am recommending the following:		
<input type="checkbox"/> Patient may return to work with no limitations on: _____ <input type="checkbox"/> Patient may not return to work with limitations listed below.		
<input type="checkbox"/>	SEDENTARY WORK Lifting up to 10 pounds occasionally and frequently lifting and/or carrying such articles as docket, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties.	In an ____ hour work day, patient may: Stand: <input type="checkbox"/> None <input type="checkbox"/> 1-4 Hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-8 hours
<input type="checkbox"/>	LIGHT WORK Lifting up to 20 lbs occasionally with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pull of arm and/or leg controls.	Sit: <input type="checkbox"/> 1-3 hours <input type="checkbox"/> 3-5 hours <input type="checkbox"/> 5-8 hours Drive: <input type="checkbox"/> 1-3 hours <input type="checkbox"/> 3-5 hours <input type="checkbox"/> 5-8 hours <input type="checkbox"/> 8+ hours
<input type="checkbox"/>	MEDIUM WORK Lifting 50 lbs maximum and frequent lifting or carrying of objects weighing up to 25 lbs.	Patient may use hand(s) for repetitive: <input type="checkbox"/> Single Grasping <input type="checkbox"/> Fine Manipulation <input type="checkbox"/> Pushing/Pulling <input type="checkbox"/> Firm Grasping <input type="checkbox"/> Patient is not to use injured hand
<input type="checkbox"/>	LIGHT-HEAVY WORK Lifting 75 lbs maximum and frequent lifting or carrying of objects weighing up to 40 lbs.	Patient is able to: <input type="checkbox"/> Bend <input type="checkbox"/> Squat <input type="checkbox"/> Kneel <input type="checkbox"/> Climb stairs <input type="checkbox"/> Reach above shoulders
<input type="checkbox"/>	HEAVY WORK Lifting 100 lbs maximum and frequent lifting or carrying of objects weighing up to 50 lbs.	Patient may use foot/feet for repetitive movement as in operating foot controls. <input type="checkbox"/> Yes <input type="checkbox"/> No
Condition: <input type="checkbox"/> Worse <input type="checkbox"/> Discharged <input type="checkbox"/> Improved <input type="checkbox"/> Resolved <input type="checkbox"/> Reach above shoulders		No Change in: <input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment <input type="checkbox"/> Work Restriction
Other instructions and/or limitations, including prescribed medications:		
<input type="checkbox"/> These restrictions are in effect until:		<input type="checkbox"/> Or until patient is re-evaluated on:
<input type="checkbox"/> Patient is totally incapacitated at this time and a re-evaluation is scheduled on:		
Physician's Signature:		Date: